

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ESAFund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>American Media &amp; Advocacy Group</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div>		
Mailing Address    815 Slaters Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1429303.80</div>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.7099</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure media placement		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>			
Name of Federal Candidate Rosen, Jacky, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>RedPrint Strategy</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div>		
Mailing Address    P. O. Box 710993			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12700.00</div>		
City Herndon	State VA	Zip Code 20171	Transaction ID : <b>SE.7101</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure media production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>			
Name of Federal Candidate Rosen, Jacky, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> 1442003.80		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Watkins, Nancy H., , ,		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div>	